

Applicant or Patentee: WILLIAM H. DOBELLE Attorney's  
Serial or Patent No.: \_\_\_\_\_ Docket No.: DOB-1  
Filed or Issue: \_\_\_\_\_  
For: ARTIFICIAL SYSTEM FOR VISION AND THE LIKE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled ARTIFICIAL SYSTEM FOR VISION AND THE LIKE described in

- ☒ the specification filed herewith  
☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern, or organization  
☐ persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

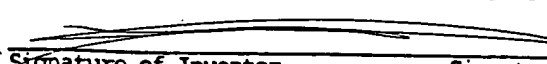
FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

<u>WILLIAM H. DOBELLE</u>		
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
		
Signature of Inventor	Signature of Inventor	Signature of Inventor
December 29, 1999		
Date	Date	Date

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name, and that I verily believe I am the original, first and sole inventor (if only one name is filled at 201 below) or a joint inventor (if plural inventors are named below at 201-204 the subject matter which is claimed and for which a patent is sought on the invention entitled:

ARTIFICIAL SYSTEM FOR VISION AND THE LIKE

the specification of which ☒ is attached hereto, or  
(check one) ☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES ___ NO ___
			YES ___ NO ___

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Harold James, No. 15800

and

Robert L. Epstein, No. 26451

SEND CORRESPONDENCE TO: James and Franklin 60 E. 42nd Street, Ste. 1217 New York, NY 10165	DIRECT TELEPHONE CALLS TO: Harold James (212) 867-7260
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201	FULL NAME OF INVENTOR	LAST NAME DOBELLE	FIRST NAME WILLIAM	MIDDLE NAME H.
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
204	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
DATE December 29, 1999	DATE
SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 204
DATE	DATE